

LONG ISLAND

Long Island hospitals gearing up to train, arm security officers

Hospitals nationally, along with school districts, places of worship and local governments, have taken steps to increase security that include hiring armed security officers and installing security cameras.



Security officers stand at their post at North Shore University Hospital in Manhasset on July 10. Northwell expects to have armed guards in all its 13 Long Island hospitals within the next several months. Photo Credit: Newsday/J. Conrad Williams Jr.

By Nicholas Spangler and David Olson

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Armed security officers could patrol six Catholic Health Services hospitals across Long Island and NYU Winthrop Hospital in Mineola this year, joining armed officers deploying or already deployed at Stony Brook University Hospital and most of Northwell Health's 13 LI hospitals, officials at the health systems said.

Nationally and on Long Island in recent years, hospitals — along with school districts, places of worship and local governments — have taken steps to increase security that include hiring armed security officers, installing security cameras and metal detectors, and training staffers on active shooter scenarios with police and sheriff's department officers.

Fifty-two percent of hospitals in a national survey had armed personnel with handguns, according to a 2016 article in the research journal *Workplace Health and Safety*.

William Smith, director of security at St. Catherine of Siena Medical Center, a Catholic Health Services hospital, told Smithtown Town Council members at a Feb. 5 work session about St.

Catherine's intention to arm security officers.

"We're being proactive," Smith said. "The world we live in today, it's needed ... We're considered a soft target."

Winthrop spokesman J. Edmund Keating cited gang violence on Long Island and mass shootings nationally, such as the Parkland, Florida, school massacre last year, as reasons why the hospital likely will add armed guards by the end of the year.

"We have pretty much reached the conclusion it's going to be a necessity because the times have changed," he said.

Active shooter incidents like the ones Keating referred to account for a fraction of gun deaths in the United States, and those in health care facilities comprised only four of the 50 incidents in the U.S. identified by the FBI in 2016 and 2017. But the rate of serious workplace violence incidents in health care was more than four times greater than in private industry from 2002 to 2013, according to the federal Occupational Safety and Health Administration. Health care accounted for nearly as many serious violent injuries as all other industries combined.

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There were at least 17 fatal hospital shootings across the U.S. between 2002 and 2018, according to a count by The Associated Press last year. Among the shootings was a July 2017 attack at Bronx-Lebanon Hospital, where a disgruntled former doctor killed one doctor and wounded six other people.

At least two nonfatal firearm incidents occurred at Long Island hospitals during that time: John Gamble, 35, of Riverhead, in 2016 fired multiple rounds in the parking lot of Northwell's Southside Hospital in Bay Shore, but no one was injured; and Dennis Cartwright, of Southold, armed with a pistol in 2003, held the burn unit at then-Stony Brook University Medical Center hostage because he believed the staff was not properly caring for a relative.

At Catholic Health Services, Chris Hendriks, vice president for public and external affairs, said in an email that the health system was “exploring the possibility of armed guards.” She did not consent to multiple interview requests or explain the apparent contradiction with what Smith told Smithtown officials.

Smith did not respond to a message left for him at St. Catherine, but during the work session he said Catholic Health's board in late December approved arming security officers "throughout our six hospitals." In a program "set to go live" July 1, only current or former police officers will be armed, he told the board. Policy is still being written on use of force, which weapons the officers will carry, and whether they will be uniformed or in what he called “soft” clothes, he said.

The St. Catherine staff has participated in active shooter drills with Suffolk County police and has safe rooms in the hospital, Smith said told the board.

"Police are onboard. They know," he said, though Suffolk County Police Chief Stuart Cameron said the department had not been formally advised of the armed security officer program.

Cameron said his officers have helped train staffers at a number of public offices and hospitals on active shooter response. Hospitals present a unique challenge, because of their sometimes “emotionally charged environment” and the difficulty of evacuating patients who may not be able to move on their own, he said.

The department has no fixed stance on arming security officers, Cameron said. “It all depends on how it’s done — who you hire, what type of weapons you equip them with, what type of training and what type of ammunition they have,” he said.

Nassau County police conducted more than 100 active-assailant trainings over the past year for hospitals, schools, houses of worships and other entities, police spokesman Det. Lt. Richard LeBrun said.

Catholic Health Services also operates hospitals in Oyster Bay, Hempstead, North Hempstead, Brookhaven and Islip. Officials in those towns, except Islip, said the health system had not advised them of its plan. Islip chief of staff Tracey Krut said in an email the town has no jurisdiction over hospital security officers, but did not say if Catholic Health Services had told town officials of a plan to arm security officers. Krut did not respond to Newsday's requests for clarification.

Stony Brook University Hospital has had armed patrols for 25 years, Robert Lenahan, chief of the university police department, said in an email. That's because the university has had its own police department since 1999 and, before that, had armed public-safety officers, he said. Officers patrol inside and outside the hospital.

In addition to armed police officers, there are unarmed security officers who communicate via the same campus dispatch system as armed police, Lenahan said.

Northwell expects to have armed guards in all its 13 Long Island hospitals — and all 23 regionwide — within the next several months, said Scott Strauss, assistant vice president of corporate security at Northwell and a former NYPD detective.

Other hospitals around the Island are reviewing their security needs.

South Nassau Communities Hospital in Oceanside, which is part of the Manhattan-based Mount Sinai Health System, is not considering armed guards, but “we’re always evaluating our security needs on a day-to-day basis,” so that could change, hospital spokesman Joe Calderone said.

There already are security guards at main entrances who are “eyeing everybody who walks in, walks out, walks by,” he said. More security cameras will be added inside and outside the hospital, said Stephen Biscotti, the hospital’s chief of security and a former NYPD counterterrorism detective.

Northwell, South Nassau Communities, Stony Brook and Winthrop all declined to release the number of guards or officers patrolling hospitals, with most citing security reasons. Northwell said in a statement that there are “several hundred” armed and unarmed guards in its 23 hospitals. Lenahan said that, at Stony Brook, “Levels are designed to effectively respond in emergency situations.”

South Nassau Communities, Northwell and Winthrop declined to discuss the salaries of guards. Stony Brook said in an email that the average annual salary for a campus police officer is \$61,000, and for unarmed security guards \$40,000.

Northwell officials said the hospital system’s beefed-up security — including armed guards and the installation of gates at entrances — likely will cost more than \$1 million.

Northwell said in a statement that its “armed guards have the same authority as an unarmed guard” and can use physical, nonlethal force in limited circumstances, such as defending someone or preventing theft.

“If we feel an arrest is warranted, the police are notified,” the statement said.

A Nassau University Medical Center spokesman declined to comment on what type of security it has at the public hospital in East Meadow and whether any guards are armed.

Richard Margulis, president of Long Island Community Hospital in Patchogue, said in an email that “to maintain the highest level of security for LI Community Hospital, we do not divulge our security procedures, personnel or technology.”

Roy Williams, president-elect of the International Association for Healthcare Security and Safety, a health care security association, said hospitals need to conduct their own risk and needs assessment to decide whether to arm security officers. Many have turned to health care security consultants to help analyze risk factors, including police response time and local crime statistics, he said. Armed officers are only one element of a strategy to mitigate risk, he said.

"There are so many things that have to be considered," Williams said. "The days of having one plan that fits everything are long gone."

At Winthrop, security preparations may involve hiring an outside security company to provide armed officers to supplement unarmed ones, since current officers are not licensed to carry weapons, Keating said. Hospital officials are also considering whether to install physical barriers — such as turnstiles or gates that open and close — at entrances.

“We’ve always been known as, and will continue to be known as, a welcoming place,” Keating said. “That’s part of the dilemma. Obviously putting up those kinds of barriers sends a different message.”

Across the nation

Four of 50 active shooter incidents in the United States in 2016 and 2017 occurred in health care facilities, resulting in seven killed and eight wounded.

Source: FBI

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